

PART 1. (NEGATIVE REPORTS ARE REQUIRED)			
1A. FEDERAL FISCAL YEAR 19____2000_____		1b. REPORTING QUARTER (Check appropriate box) 9 1st (Oct-Dec) 9 2nd (Jan-Mar) 9 3rd (Apr-Jun) X 4th (Jul-Sep) 9 Annual	
2. FEDERAL FINANCIAL ASSISTANCE AGENCY (EPA, Office, Address) IDEM Office of Water Management 100 North Senate Ave. P.O. Box 6015 Indianapolis, Indiana 46206-6015		3. REPORTING RECIPIENT (Name and Address)	
2A. REPORTING CONTACT Shelley L. Reynolds	PHONE: 317/ 232-4396	3a. REPORTING CONTACT (Loanee)	PHONE:
4a. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER		4b. FEDERAL FINANCIAL ASSISTANCE PROGRAM State Revolving Fund	
5a. TOTAL GRANT AMOUNT (Total Loan Amount) \$		5b. TOTAL CONTRACT/PROCUREMENT AMOUNT THIS QUARTER (Total sub-agreements this quarter) \$	
		5c. RECIPIENT'S MBE/WBE GOALS MBE 3 % WBE 5 %	
5D. ACTUAL MBE/WBE PROCUREMENT ACCOMPLISHED THIS REPORTING PERIOD MBE \$ WBE \$		5E. NEGATIVE REPORT (Check) _____ ___ SEE INSTRUCTIONS	
6. COMMENTS:			
7. NAME OF AUTHORIZED REPRESENTATIVE		TITLE	
8. SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE	

